Molina Healthcare of Michigan, Inc.

NAIC	Group Code 1531 1531 (Current) (Prior		2ode <u>52630</u> Employer's	ID Number38-3341599
Organized under the Laws of	Michigan		, State of Domicile or Port of	Entry Mi
Country of Domicile		United States	s of America	
Licensed as business type:		Health Maintena	nce Organization	
is HMO Federally Qualified? Yes	s[]No[X]			
Incorporated/Organized	02/12/1997		Commenced Business _	01/01/1998
Statutory Home Office	880 W. Long Lake Rd., S	Suite 600		Troy, MI, US 48098-4504
	(Street and Number	er)	(City or	Town, State, Country and Zip Code)
Main Administrative Office	<u> </u>	880 W. Long Lak		
Т	roy, MI, US 48098-4504	(Street and	i Number)	248-925-1700
	wn, State, Country and Zlp Code)	(A	rea Code) (Telephone Number)
Mail Address	880 W. Long Lake Rd., Suite	600		Troy, MI, US 48098-4504
· ·	(Street and Number or P.O. E	Box)		Town, State, Country and Zip Code)
Primary Location of Books and R	ecords	680 W. Long Lal	ke Rd., Suite 600	
	···· III IID 40000 4504	(Street and	l Number)	
	roy, MI, US 48098-4504 wn, State, Country and Zip Code	······································	(A	248-925-1700 rea Code) (Telephone Number)
Internet Website Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Internet 44 603/69 Address	1 1118	www.molinahe	paluricare.com	
Statutory Statement Contact	Agrati M			614-392-3818
aarati.r	(Nar nehta@molinahealthcare.com	ne)		(Area Code) (Telephone Number) 562-437-7235
1	(E-mail Address)			(FAX Number)
		OFFIC	:FRS	
President	Christine Margaret S			Jeffrev Don Barlow
Chief Financial Officer	Michael Charles G	raves		
		ОТН	ER	
		DIRECTORS O	R TRUSTEES	
Christine Margar		Matthew Car	ter Schueren	Steve Ross Lurie
Amy Margare	et Conn	Joanne C	arol Smith	Marissa Ann Morgan
	BALLEY			
State of	Michigan Oakland	- SS:		
overity of				
all of the herein described assets statement, together with retated a condition and affairs of the said re in accordance with the NAIC Anr rules or regulations require diffe respectively. Furthermore, the ac-	s were the absolute property of artibits, schedules and explanati sporting entity as of the reporting aual Statement instructions and arrances in reporting not related cope of this attestation by the de-	the said reporting entity ons therein contained, as period stated above, an Accounting Practices an is to accounting practices ascribed officers also inc	, free and clear from any liens nnexed or referred to, is a full a d of its Income and deductions d Procedures manual except to se and procedures, according judes the related correspondin	orting entity, and that on the reporting period stated above, or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, g electronic filing with the NAIC, when required, that is an be requested by various regulators in lieu of or in addition
Christine Margaret Su President	ardock	Michael Cha Chief Finan		Jeffrey Don Barlow Secretary
Subscribed and swom to before in day of	Collinson	2022	a. Is this an original filing b. If no, 1. State the amendm 2. Date filed 3. Number of pages a	ent number

RENE ATKINSON
Notary Public, State of Michigan
County of Macornb
My Commission Expires Sep. 01, 2028
Acting in the County of Californal



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

Organized under the Laws of	(Current) (Prior) Michigan	, State of Domicile or Port of En	
Country of Domicle		Inited States of America	
Licensed as business type:		h Maintenance Organization	
		II Indilito: Estica Oligatitzatori	
Is HMO Federally Qualified? Ye			
Incorporated/Organized	02/12/1997	Commenced Business	01/01/1998
Statutory Home Office	880 W. Long Lake Rd., Suite 600 (Street and Number)		Troy, MI, US 48098-4504 own, State, Country and Zip Code)
			own, custo, country and zip code)
Main Administrative Office	880 V	V. Long Lake Rd., Suite 600 (Street and Number)	the course of the second
	Troy, MI, US 48098-4504		248-925-1700
(City or Te	own, State, Country and Zip Code)	(Are	o Code) (Telephone Number)
Mali Address	880 W. Long Lake Rd., Suite 600		Troy, MI, US 48098-4504
	(Street and Number or P.O. Box)	(City or T	own, State, Country and Zlp Code)
Primary Location of Books and R	Records 880 1	W. Long Lake Rd., Suite 600	The Drive was bring
	Frov. Ml. US 48098-4504	(Street and Number)	248-925-1700
·	own, State, Country and Zip Code)	(Are	a Code) (Telephone Number)
Internet Website Address	w	ww.molinahealthcare.com	
Statutory Statement Contact	Aarati M Mehta (Name)		614-392-3818 (Area Code) (Telephone Number)
Barati.	mehta@molinahealthcare.com		582-437-7235
	(E-mail Address)		(FAX Number)
		OFFICERS	
	Christine Margaret Surdock	Secretary	Jeffrey Don Barlow
Chief Financial Officer	Michael Charles Graves		
		OTHER	
Christine Marge		CTORS OR TRUSTEES	Chara Para Luda
Arny Margar	et Conn	Vatthew Carter Schueren Joanne Carol Smith	Steve Ross Lurie Marissa Ann Morgan
State of	Michigan		
County of	Oakland SS:		
The officers of this reporting entit	ly being duly swom, each depose and say tha	t they are the described officers of said report	ing entity, and that on the reporting period stated above
all of the herein described asset statement, together with related (is were the absolute property of the said rep exhibits, achedules and explanations therein o	orting entity, free and clear from any liens o contained, annexed or referred to, is a full and	r claims thereon, except as herein stated, and that thi true statement of all the assets and liabilities and of th
condition and affairs of the said r	eporting entity as of the reporting period state	d above, and of its income and deductions th	erefrom for the period ended, and have been complete
			he extent that: (1) state law may differ; or, (2) that state the best of their information, knowledge and belie
respectively. Furthermore, the s	cope of this attestation by the described office	ers also includes the related corresponding	electronic filing with the NAIC, when required, that is a
exact copy (except for formatting to the enclosed statement.	differences due to electronic filing) of the end	dosed statement. The electronic filling may be	e requested by various regulators in lieu of or in addition
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	that	12m	
Christine Margaret S	urdock	fichael Charles Graves	Jeffrey Don Barlow
President		Chief Financial Officer	Secretary
		a. Is this an original filing?	Yes [X] No []
Subscribed and sworn to before day of	2022	b. If no, 1. State the amendment	number
- Company of	1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. Date filed	t timi tibot
V 010 1119	M XHHILXAV.	2 Number of source office	and the same of th

KAREN A QUEDALIA Notary Public, State of South Carolina My Commission Expires 11/28/2027



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

N		IAIC Company Cod	le <u>52630</u> Employer's	ID Number38-33	<u> 41599 </u>
Organized under the Laws of	(Current) (Prior) Michigan		State of Domicile or Port of i	Entry	ML
Country of Domicile		United States o	America		
Licensed as business type:	1	leelth Maintenance	Organization		
is HMO Federally Qualified?	Yes [] No [X]				
Incorporated/Organized	02/12/1997	/	Commenced Business _		1/01/1998
Statutory Home Office	880 W. Long Lake Rd., Suite 600			Trov. MI. US 48098-4	504
	(Street and Number)		(City or	Town, State, Country as	nd Zip Code)
Main Administrative Office	8	80 W. Long Lake F			
	Troy, ML US 48098-4504	(Street and N		248-925-1700	
(City o	Town, State, Country and Zip Code)			rea Code) (Telephone N	umber)
Mail Address	880 W. Long Lake Rd., Suite 600			Troy, MI, US 48098-40	904
	(Street and Number or P.O. Box)			Town, State, Country as	
Primary Location of Books an	d Records	380 W. Long Lake I	Rd., Suite 600		
	Troy, MI, US 48098-4504	(Street and N	umber)		
(City o	r Town, State, Country and Zip Code)		- (A	248-925-1700 vea Code) (Telephone N	umber)
Internet Website Address		www.molinaheati	hears rom		•
		AA	I NOR G. GUI ()		2 - 1 - 1 - 1
Statutory Statement Contact	Aarati M Mehta (Name)		1	614-392-38 (Area Code) (Telepho	
867	ati.mehta@molinahealthcare.com			<u> 582-43</u> 7-7235	to I delimen)
	(E-mail Address)			(FAX Number)	
		OFFICE	RS		
	Christine Margaret Surdock Michael Charles Graves		Secretary _	Jeffre	y Don Barlow
	Michiga Charles Graves		-		
		OTHE	₹		
	n	IRECTORS OR	TRIJETEER		
	rgaret Surdock	Matthew Certer	Schueren	Ste	ve Ross Lurie
Arny Mar	garet Corin	Joanne Care	ol Smith	Maria	sa Ann Morgan
State of	Michigan SS:				
The officers of this reporting a	intity being duly swom, each depose and say	t that they are the o	learnihari officers of said rec	orfine and that on	the reporting period stated where
all of the herein described as	sets were the absolute property of the said	reporting entity, fr	ee and clear from any liens	or claims thereon, exce	ept as herein stated, and that this
condition and affairs of the sa	ed exhibits, schedules and explanations there id reporting entity as of the reporting period a	stated above, and o	f its income and deductions	therefrom for the period	ended, and have been completed
in accordance with the NAIC	Annual Statement Instructions and Account differences in reporting not related to account	ng Practices and I	Procedures manual except to	o the extent that: (1) stat	to law may differ; or, (2) that state
respectively. Furthermore, th	e acope of this attestation by the described	officers also includ	les the related correspondin	a electronic filing with th	e NAIC, when required, that is an
exact copy (except for formal) to the enclosed statement.	ing differences due to electronic filing) of the	enclosed stateme	nt. The electronic filing may	be requested by various	regulators in lieu of or in addition
					RI
				M	Berley
Obdolina Massaca	A Flored and	5 81-31 8241		///	- M D D
Christine Margare Presiden		Michael Charles Chief Financia			effrey Don Barlow Secretary
				-2	
Subscribed and sworn to befo	re me this		 a. Is this an original filing b. If no,] f	Yes [X] No []
day of			1. State the amendm	ent number	
			Date filed Number of pages a	itached	

certificate verifie who signed the	or other officer completing this s only the identity of the individual document to which this certificate not the truthfulness, accuracy, or ocument.
State of Californi County of Sacrar	-
day of August proved to me on	sworn to (or affirmed) before me on this 1st, 20 22 , by Jeff Barlow, the basis of satisfactory evidence to be the opeared before me.
MCHEL Notar Sa Com	E LUCINDA LEVENTON y Public - California cramento County mission # 2345609
(Seal)	Signature Milh

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1	Bonds	126,778,649	Tronaumitou 7 locoto		115,554,686
۱.	Stocks:	120,770,040		120,170,043	110,004,000
۷.					
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens.				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)				
	4.2 Properties held for the production of income (less				
	\$ encumbrances)				
	4.3 Properties held for sale (less \$				
	encumbrances)				
5.	Cash (\$(13,568,102)), cash equivalents				
	(\$				
	investments (\$	383 303 880		383 303 880	303 825 503
6	Contract loans (including \$ premium notes)				
6.	,				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	510,171,529		510,171,529	509,380,189
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	1,007,562		1,007,562	413,602
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	68,674,307		68,674,307	81,782,802
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$211,589) and				
	contracts subject to redetermination (\$13, 121, 102)	13.332.691		13.332.691	22.345.991
16.	Reinsurance:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	
	16.1 Amounts recoverable from reinsurers				1,454
	16.2 Funds held by or deposited with reinsured companies				, 101
	16.3 Other amounts receivable under reinsurance contracts				
47					
17.	·				
18.1	Current federal and foreign income tax recoverable and interest thereon				40.045.050
18.2					
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	3,221	3,221		
21.	Furniture and equipment, including health care delivery assets				
	(\$				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$31,254,384) and other amounts receivable	57,947,681	26,693,297	31,254,384	31,452,275
25.	Aggregate write-ins for other than invested assets	19,925,368	2,280,701	17,644,667	17,629,002
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	686,254,331	32,691,135	653,563,196	675,351,165
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
20	Accounts		22 601 125	652 562 106	675 251 165
28.	Total (Lines 26 and 27)	686,254,331	32,691,135	653,563,196	675,351,165
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.	Prepaid expenses/deposits	1,130,067	1, 130,067		
2502.	Goodwill and intangible assets	18,795,301	1,150,634	17,644,667	17,629,002
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	19,925,368	2,280,701	17,644,667	17,629,002
		. ,			

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)			182,003,756	181,864,818
2.	Accrued medical incentive pool and bonus amounts			20,667,813	10,555,778
3.	Unpaid claims adjustment expenses				1,497,547
4.	Aggregate health policy reserves, including the liability of	1, 102,700	2,007	1, 101,707	
	\$ for medical loss ratio rebate per the Public				
	Health Service Act	91.870.545		91,870,545	180,058,096
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance			490,490	4,953,778
9.	General expenses due or accrued	44,258,347		44,258,347	44,372,370
10.1					
	(including \$ on realized gains (losses))	2,192,781		2,192,781	2,543,912
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	17,594		17,594	
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)				
15.	Amounts due to parent, subsidiaries and affiliates	13,656,474		13,656,474	6,354,587
16.	Derivatives				
17.	Payable for securities	124,006		124,006	
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$				
	companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	40,611,093		40,611,093	6,993,482
23.	Aggregate write-ins for other liabilities (including \$50,646,168				
	current)	50,646,168		50,646,168	29,891,922
24.	Total liabilities (Lines 1 to 23)	447,775,733	218,071	447,993,804	469,086,290
25.	Aggregate write-ins for special surplus funds	xxx	XXX		
26.	Common capital stock	xxx	XXX	159,000	159,000
27.	Preferred capital stock	xxx	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				
31.	Unassigned funds (surplus)	XXX	XXX	123,005,421	123,700,904
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		206,264,875
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	653,563,196	675,351,165
	DETAILS OF WRITE-INS				
2301.	Amounts due to government agencies				29,817,889
2302.	Member premium due			46,603	74,033
2303.	Amounts due to reinsurer	1,658		1,658	
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	50,646,168		50,646,168	29,891,922
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		
3001.					
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current '		Prior Year	Prior Year Ended
		To Da	te 2	To Date 3	December 31 4
		Uncovered	Total	Total	Total
1.		XXX	2,599,313	2,462,758	5,018,538
2.	Net premium income (including \$ non-health premium income).	VVV	072 717 252	1 001 561 246	2 050 055 212
3.	Change in unearned premium reserves and reserve for rate credits				(64,615,964)
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				1,985,439,248
	Hospital and Medical:			, ,	,,
9.	Hospital/medical benefits		503,460,134	508,052,754	1,021,842,417
10.	Other professional services		21,793,391	20,358,370	40,381,587
11.	Outside referrals	1,225,164	36,338,455	31,246,402	62,894,324
12.	Emergency room and out-of-area		110,760,382	81,902,917	165,901,551
13.	Prescription drugs		189,681,086	156,113,082	325,606,566
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		13,761,695	19,711,728	30,127,369
16.	Subtotal (Lines 9 to 15)	1,225,164	875,795,143	817,385,253	1,646,753,814
	Less:				
17.	Net reinsurance recoveries		264,256		
18.	Total hospital and medical (Lines 16 minus 17)	1,225,164	875,530,887	817,385,253	1,646,753,814
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$21,927,810 cost				
	containment expenses		28,951,734	30,006,577	60,223,104
21.	General administrative expenses		122,449,677	107,671,221	222,367,330
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		1,679,593	1,366,828	2,665,152
26.	Net realized capital gains (losses) less capital gains tax of				
	\$				1,419,794
27.	Net investment gains (losses) (Lines 25 plus 26)		1,679,593	1,592,295	4,084,946
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	Aggregate write-ins for other income or expenses			(394)	(394)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	32,462,905	17,671,911	60,179,552
31.	Federal and foreign income taxes incurred			3,518,661	12,713,130
32.	Net income (loss) (Lines 30 minus 31)	XXX	25,394,036	14.153.250	47,466,422
02.	DETAILS OF WRITE-INS	7001	20,00.,000	, .00,200	,,
0601.	521/1120 01 1111112 1110	XXX			
0602.					
0603.					
0698.		XXX			
	, ,				
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701.					
0702.					
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901.	Fines and penalties			(394)	(394)
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)			(394)	(394)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year	3 Prior Year Ended
		to Date	December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	206,264,875	160,076,643	160,076,643
34. Net income or (loss) from Line 32	25,394,036	14,153,250	47,466,422
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(140,396)	(528 , 157)	25,148	25,148
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	198,531	(2,410,228)	(2,926,319)
39. Change in nonadmitted assets	(759,893)	14,660,765	21,622,981
40 Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus.			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders	(25,000,000)		(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital & surplus (Lines 34 to 47)	(695,483)	26,428,935	46,188,232
49. Capital and surplus end of reporting period (Line 33 plus 48)	205,569,392	186,505,578	206,264,875
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	1,007,940,814	1,016,763,664	2,051,052,631
2.	Net investment income	1,202,449	1,805,632	3,470,036
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	1,009,143,263	1,018,569,296	2,054,522,667
5.	Benefit and loss related payments	866,878,077	780,687,128	1,632,092,904
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	114,922,223	151,099,184	293,332,565
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	7,420,001	(21,220,001)	(10,380,000
10.	Total (Lines 5 through 9)	989,220,301	910,566,311	1,915,045,469
11.	Net cash from operations (Line 4 minus Line 10)	19,922,962	108,002,985	139,477,198
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	13,048,402	30,281,326	102,269,888
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(17,067)		
	12.7 Miscellaneous proceeds	124,006		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	13,155,341	30,281,326	102,269,888
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	25,040,668		52,201,799
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)	25,040,668		52,201,799
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(11,885,327)	30,281,326	50,068,089
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			20,000,000
	16.6 Other cash provided (applied)	6,529,742	(13,244,851)	(13,754,697)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(18,470,258)	(13,244,851)	(33,754,697
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		(10,432,623)	125,039,460	155,790,590
	Cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		120,000,400	
10	oash, oash equivalents and short-term investments.			
19.	19.1 Beginning of year	393,825,502	238,034,912	238,034,912

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive 4 5 (Hospital & Medical)		5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	428,377	13,394						27,567	387,416	
2. First Quarter	433,185	14,651						27,532	391,002	
3. Second Quarter	435,997	14,096						27,863	394,038	
4. Third Quarter							-			
5. Current Year										
6. Current Year Member Months	2,599,313	88,602						165,955	2,344,756	
Total Member Ambulatory Encounters for Period:										
7 Physician	1,783,059	49,176						319,846	1,414,037	
8. Non-Physician	1,016,210	18,775						150,268	847,167	
9. Total	2,799,269	67,951						470,114	2,261,204	
10. Hospital Patient Days Incurred	51,730	674						14,828	36,228	
11. Number of Inpatient Admissions	8,824	163						1,762	6,899	
12. Health Premiums Written (a)	974,502,418	31,364,975						288,226,868	654,910,575	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,058,500,676	32,706,156						288,777,777	737,016,743	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	863,319,287	27,326,105						221,480,527	614,512,655	
18. Amount Incurred for Provision of Health Care Services	875,795,143	26,928,822						225,569,939	623,296,382	

STATEMENT AS OF JUNE 30, 2022 OF THE Molina Healthcare of Michigan, Inc. CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Agii	ng Analysis of Unpaid Claims									
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported) CVS Caremark		•		-						
CVS Caremark	24,730,249					24,730,249				
0199999. Individually listed claims unpaid	24,730,249					24,730,249				
						, ,				
000000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
0299999 Aggregate accounts not individually listed-uncovered	477.507	100 500		470.005	1 247 522					
0399999 Aggregate accounts not individually listed-covered	477,537	483,520	477,659	· · · · · · · · · · · · · · · · · · ·		2,963,240				
0499999 Subtotals	25,207,786	483,520	477,659	476,995	1,047,529	27,693,489				
0599999 Unreported claims and other claim reserves										
0699999 Total amounts withheld						154,310,267				
0799999 Total claims unpaid						182,003,756				
0899999 Accrued medical incentive pool and bonus amounts						20,667,813				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNP	AID - PRIOR YEAR - NET OF REINSL			_		
	Claims		Liab		5	6
	Year to		End of Curre	eni Quarter		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Comprehensive (hospital and medical)	5,560,198	21,765,907	415,523	6,209,336	5,975,721	6,531,126
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	24,421,373	197,059,154	199,198	63,090,611	24,620,571	60,131,355
7 Title XIX - Medicaid	81,885,341	532,363,059	13,005,630	99,083,459	94,890,971	115,202,336
8. Other health						
9. Health subtotal (Lines 1 to 8)	111,866,912	751, 188, 120	13,620,351	168,383,406	125 ,487 ,263	181,864,817
10. Healthcare receivables (a)	10,268,279	44,330,748		2,751,053	10,268,279	55,925,303
11. Other non-health						
12. Medical incentive pools and bonus amounts	3,102,364	547,296	9,590,731	11,077,082	12,693,095	10,555,778
13. Totals (Lines 9-10+11+12)	104,700,997	707,404,668	23,211,082	176,709,435	127,912,079	136,495,292

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the Plan) for the fiscal year ended December 31, 2021. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2021 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

Organization and Operations

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Department of Insurance and Financial Services (the Department).

A. Accounting Practices

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan insurance law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

		F/S	F/S		
	SSAP#	Page	Line #	 2022	 2021
NET INCOME (1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	xxx	XXX	\$ 25,394,036	\$ 47,466,422
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SA	AP:			
(3) State Permitted Practices that are an increase/(decrease)	from NAIC SAI	P:			
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 25,394,036	\$ 47,466,422
SURPLUS (5) State basis (Page 3, Line 33, Columns 3 & 4)	xxx	XXX	XXX	\$ 205,569,392	\$ 206,264,875
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SA	NP:			
(7) State Permitted Practices that are an increase/(decrease)	from NAIC SAI	P:			
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 205,569,392	\$ 206,264,875

- B. Use of Estimates in the Preparation of the Financial Statements: No significant change.
- C. Accounting Policy
 - (1) Basis for Short-Term Investments: No significant change.
 - (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.
 - (3) (5) No significant changes.
 - (6) Basis for Loan-Backed Securities and Adjustment Methodology:

Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of asset-backed securities and mortgage-backed securities and auction rate securities. Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

- (7) (13) No significant changes.
- D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of June 30, 2022, the Plan's long-term investments include asset-backed securities and mortgage-backed securities.

- (1) Description of Sources Used to Determine Prepayment Assumptions: Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.
- (2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.
 - (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
 - a) The aggregate amount of unrealized losses:
 - 1. Less than 12 Months
 - 2. 12 Months or Longer

b)The aggregate related fair value of securities with unrealized losses:

\$ 2,830,985

- 1. Less than 12 Months
- 2. 12 Months or Longer

\$ 32,774,66

- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at June 30, 2022.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. K. None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. P. None.
- Q. Prepayment Penalty and Acceleration Fees: None.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.
- NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None

NOTE 9 Income Taxes

No significant change.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. No significant change.
- B. The Plan paid Molina an ordinary dividend in cash amounting to \$25,000,000 on March 22, 2022.
- C. Transactions with related party who are not reported on Schedule Y: None.
- D. O. No significant changes.

NOTE 11 Debt

- A. None.
- B. Federal Home Loan Bank Agreements: None.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: See Note 12G.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. I. None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. C. No significant changes.
- D. Refer to Note 10B.
- E. M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None.
- C. Wash Sales: None.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans:

The gain from operations from ASO uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:

	ASO Uninsured Plans	F	Uninsured Portion of Partially Insured Plans		Total ASO	
 a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses 		\$	208,600	\$	208,600	
 Total net other income or expenses (including interest paid to or received from plans) 						
c. Net gain or (loss) from operations d. Total claim payment volume	\$	- \$ \$	208,600 219,866,906	\$ \$	208,600 219,866,906	

- B. Administrative Services Contract Plans: None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract: No significant change.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements
 - (1) Fair Value Measurements at Reporting Date:

Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	N	et Asset Value (NAV)	Total
a. Assets at fair value						
Industrial & miscellaneous	\$ -	\$ 23,021,196	\$ -	\$	-	\$ 23,021,196
Other money market mutual funds	\$ 267,264,140	\$ -	\$ -	\$	-	\$ 267,264,140
Total assets at fair value/NAV	\$ 267,264,140	\$ 23,021,196	\$ =	\$	-	\$ 290,285,336

- (2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: None.
- (5) Derivative Assets and Liabilities: None.
- B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.
- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of June 30, 2022 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value		Admitted Assets		(Level 1)		(Level 2)	(Level 3)	Net Asset Value (NAV)		 Practicable rying Value)
Industrial & miscellaneous	\$ 215,091,813	\$	221,965,601	\$	-	\$	215,091,813	\$ -	\$	-	\$ _
Short term certificates of deposit	\$ 506,765	\$	506,765	\$	506,765	\$	-	\$ -	\$	_	\$ -
Open depositories	\$ (14,074,867)	\$	(14,074,867)	\$	(14,074,867)			\$ -	\$	-	\$ -
Special revenue & special assessments	\$ 23,893,383	\$	24,226,363			\$	23,893,383	\$ -	\$	-	\$ -
Other Governments	\$ 5,286,764	\$	5,286,764			\$	5,286,764	\$ -	\$	-	\$ -
Unaffiliated certificate of deposit Other money market	\$ 4,996,763	\$	4,996,763			\$	4,996,763	\$ =	\$	-	\$ -
mutual funds Total financial	\$ 267,264,140	\$	267,264,140	\$	267,264,140			\$ -	\$	-	\$ -
instruments	\$ 502,964,761	\$	510,171,529	\$	253,696,038	\$	249,268,723	\$ -	\$	-	\$ -

D. - E. None.

NOTE 21 Other Items

A. - B. No significant changes.

C. Other Disclosures and Unusual Items:

The Department imposes requirements on the Plan with regards to working capital. For purposes of calculating working capital the Plan excludes amounts that are payable beyond one year. At June 30, 2022, the Plan excluded \$0.3 million from aggregate health policy reserves relating to State Fiscal Year 2021 Medicaid risk corridor. As of June 30, 2022, the Plan is in compliance with the working capital requirements

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through August 12, 2022, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

- A. D. No significant changes.
- Reinsurance Credit: No significant change. E.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. D. No significant changes.
- E. Risk Sharing Provisions of the Affordable Care Act
 - (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets. Liabilities and Revenue for the Current Year

Amount

a. Permanent ACA Risk Adjustment Program

Assets

- 1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) \$ (98)60,541
 - 2. Risk adjustment user fees payable for ACA Risk Adjustment
 - 3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) 11,852,791

Operations (Revenue & Expense) 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk

- Adjustment (6,652,962) 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) (22,024)
- b. Transitional ACA Reinsurance Program

Assets

- 1. Amounts recoverable for claims paid due to ACA Reinsurance
- 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)
- 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

- 4. Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium
- 5. Ceded reinsurance premiums payable due to ACA Reinsurance
- 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

Operations (Revenue & Expense)

- 7. Ceded reinsurance premiums due to ACA Reinsurance
- 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments
- 9. ACA Reinsurance contributions not reported as ceded premium
- c. Temporary ACA Risk Corridors Program

Assets

- 1. Accrued retrospective premium due to ACA Risk Corridors
- Liabilities
 - 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

Operations (Revenue & Expense)

- 3. Effect of ACA Risk Corridors on net premium income (paid/received)
- 4. Effect of ACA Risk Corridors on change in reserves for rate credits
- (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

			d During r Year on		Received o				Differ	ences	Adjustments				U		alances as of orting Date				
		Before De	s Written cember 31 rior Year		Busines Before De of the P	cer	mber 31		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)		To Prior Year Balances	To Prior Year Balances		Pr	umulative Balance from ior Years ol 1-3+7)	Cumulai Baland from Prior Ye (Col 2-4	ce ars			
		1	2		3		4				5 6 7				7			9		10	
a. Permanent ACA Risk Adjustment Program	Re	eceivable	Payable	R	Receivable		Payable	F	Receivable	Payable	Payable Receivable Payable		Payable	Ref	f Receivable		e Payable				
Premium adjustments receivable (including high																					
risk pool payments)	\$	14,682	\$ -	\$	12,171	\$	-	\$	2,511	\$ -	\$	(2,609)	\$ -	Α	\$	(98)	\$	-			
Premium adjustments (payable) (including high risk pool premium)	\$	_	\$(5,202,437)	\$	-	\$	_	\$	_	\$(5,202,437)	\$	_	\$(3,016,834)	В	\$	_	\$(8,219,2	271)			
Subtotal ACA Permanent Risk Adjustment Program	\$	14,682	\$(5,202,437)	\$	12,171	\$	-	\$	2,511	\$(5,202,437)	\$	(2,609)	\$(3,016,834)		\$	(98)	\$(8,219,2	271)			
b. Transitional ACA Reinsurance Program												,				, ,		ŕ			
Amounts recoverable for claims paid														С							

Amounts recoverable for claims unpaid (contra liability)													D			
Amounts receivable relating to uninsured plans													E			
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium													F			
5. Ceded reinsurance premiums payable													G			
6. Liability for amounts held under uninsured plans													Н			
7. Subtotal ACA Transitional Reinsurance Program																
c. Temporary ACA Risk Corridors Program																
Accrued retrospective premium													ı			
Reserve for rate credits or policy experience rating refunds													J			
Subtotal ACA Risk Corridors Program																
d. Total for ACA Risk Sharing Provisions	\$ 14.682	\$(5,202,437) \$	12,171	\$ _	\$ 2.511	\$(5.2	02,437)	s	(2,609)	\$(3.01)	6.834)		\$ (98)	\$(8,219,2	271)

Explanations of Adjustments

- A. Adjustments are changes in estimates based on additional information since December 31, 2021.
- B. Adjustments are changes in estimates based on additional information since December 31, 2021.
- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.
- (5) ACA Risk Corridors Receivable as of Reporting Date: None.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Six	months ended 6/30/2022
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$	193,918,143
Add provision for claims, net of reinsurance:		
Current year Prior years		886,843,178 (11,312,291)
Net incurred claims during the current year		875,530,887
Deduct paid claims, net of reinsurance:		
Current year		755,011,166
Prior years		111,866,911
Net paid claims during the current year		866,878,077
Change in claims adjustment expenses		(42,810)
Change in health care receivables		1,599,617
Change in amounts due from reinsurers		(1,454)
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$	204,126,306

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of June 30, 2022.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the Domicile, as required by the Model Act?				Ye	s []	No []	Х]
1.2	If yes, has the report been filed with the domiciliary state?				Ye	s []	No []
2.1	Has any change been made during the year of this statement in the char reporting entity?				Ye	s []	No []	Х]
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company Syste is an insurer?				Ye	s[X	(]	No []
3.2	Have there been any substantial changes in the organizational chart sind	ce the prior quarter end?			Ye	s[X	(]	No []
3.3	If the response to 3.2 is yes, provide a brief description of those changes Molina Healthcare of Nebraska, Inc. and Molina Healthcare of Wisconsin		ational chart.						
3.4	Is the reporting entity publicly traded or a member of a publicly traded gr	roup?			Ye	s [X	[]	No []
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code is	ssued by the SEC for the entity/group.				1	1799	129	
4.1	Has the reporting entity been a party to a merger or consolidation during	g the period covered by this statement?			Ye	s []	No [Х]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state or ceased to exist as a result of the merger or consolidation.	of domicile (use two letter state abbrevi	ation) for any entity	that has					
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
5. 6.1	If the reporting entity is subject to a management agreement, including t in-fact, or similar agreement, have there been any significant changes re If yes, attach an explanation. The Plan and Molina executed a Third Amended and Restated Services State as of what date the latest financial examination of the reporting en	egarding the terms of the agreement of sagreement of sagreement effective 2/10/22.	principals involved	1? Yes			[]		([]
				•	-		01/2	.021	
6.2	State the as of date that the latest financial examination report became a date should be the date of the examined balance sheet and not the date.					12/	/31/2	2018	
6.3	State as of what date the latest financial examination report became avaithe reporting entity. This is the release date or completion date of the exit date).	xamination report and not the date of the	e examination (bal	ance sheet		06,	/19/2	2020	
6.4 6.5	By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial exam statement filed with Departments?	nination report been accounted for in a	subsequent financi	al Yes	[]	No !	[]] N/A	4 [X]
6.6	Have all of the recommendations within the latest financial examination	report been complied with?		Yes	[X]	No [[]	i N/A	· [
7.1	Has this reporting entity had any Certificates of Authority, licenses or regrevoked by any governmental entity during the reporting period?	gistrations (including corporate registra	tion, if applicable) s	uspended or	Ye	s []	No []	Х]
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding company regulated by the	e Federal Reserve Board?			Ye	s []	No []	Х]
8.2	If response to 8.1 is yes, please identify the name of the bank holding co	ompany.							
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	ms?			Ye	s []	No []	Х]
8.4	If response to 8.3 is yes, please provide below the names and location (regulatory services agency [i.e. the Federal Reserve Board (FRB), the Consurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Comptroller of the Currence	y (OCC), the Feder	al Deposit					
	1	2 Location (City State)	3	4 5		6	7		
	Affiliate Name	Location (City, State)	FRB	OCC FD		SEC	+		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	onal and professional		Yes [X] No	[]
9.11	il the response to 9.1 is No, please explain.					
9.2 9.21	Has the code of ethics for senior managers been amended? If the response to 9.2 is Yes, provide information related to amendment(s).			Yes [] No	[X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] No	[X]
	FINANCIAL					
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount:					
	INVESTMENT					
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:			Yes [] No	[X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$			
13.	Amount of real estate and mortgages held in short-term investments:					
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [] No	[X]
		1 Prior Year-End Book/Adjusted Carrying Value	_	Bo Ca	2 rrent Q ook/Adj arrying '	usted Value
	Bonds					
	Preferred Stock S					
	Common Stock Short-Term Investments S					
	Mortgage Loans on Real Estate					
	All Other					
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)					
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	5				
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [1 No	[X]
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?					
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date):				
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$	j		
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Pa					
	16.3. Total payable for socurities lending reported on the liability page					

GENERAL INTERROGATORIES

-	that comply with the r	lial or Safekeeping Agreements o equirements of the NAIC Financia	f the NAIC Financial Condition		andbook?	Yes [X] 140 [
	1	. di (-)		2			
U.S. Bank, Institu	Name of Custo Itional Trust & Cust	odian(s) ody	555 SW Oak Street 6th Flr,	Custodian Addre PD-0R-P6TD Pol	rtland, OR 97204		
		th the requirements of the NAIC F	Financial Condition Examiner	rs Handbook, pr	ovide the name,		
location and a comp		2		3			
	e(s)	Location(s)		Complete Explar	nation(s)		
	y changes, including nation relating theret	name changes, in the custodian(s ວ:	s) identified in 17.1 during the	e current quarte	?	Yes []	No [
Old Cu	stodian	2 New Custodian	3 Date of Change		4 Reason		
make investment de	ecisions on behalf of	restment advisors, investment ma the reporting entity. For assets tha ment accounts"; "handle securit	at are managed internally by				
	1 Name of Firm	or Individual	2 Affiliation				
DWS							
		I in the table for Question 17.5, do				Yes [X] No
· ·	, ,	with the reporting entity (i.e. design	•			-	
total assets	under management	aggregate to more than 50% of the	ne reporting entity's invested	assets?		Yes [X] No
For those firms or in able below.	dividuals listed in the	table for 17.5 with an affiliation of		unaffiliated), pro	ovide the information for the	he	5
Central Registration	n	-			·	Mana Agre	estment agemer eement
Depository Number 104518		Name of Firm or Individual		dentifier (LEI)	Registered With	(IMA	 Filed
1040 10	DWS		CZ83K4EEEX8QV	CT3B128	SEC	NO	
					SEC		
Have all the filing ref no, list exceptions	quirements of the Pu : 5GI securities, the re	rposes and Procedures Manual or	f the NAIC Investment Analy	sis Office been	followed?		
Have all the filing re If no, list exceptions By self-designating a. Documentati security is no b. Issuer or obl c. The insurer h	quirements of the Pu : :5GI securities, the re on necessary to pern ot available. gor is current on all c as an actual expecta	rposes and Procedures Manual o	f the NAIC Investment Analy wing elements for each self- urity does not exist or an NAI ayments. htracted interest and principa	sis Office been designated 5GI: C CRP credit ra	followed?security:	Yes [X] No
Have all the filing ref no, list exceptions By self-designating a. Documentati security is no b. Issuer or obl c. The insurer h Has the reporting er By self-designating a. The security v b. The reporting c. The NAIC De on a current t d. The reporting	quirements of the Pu Gold securities, the report necessary to permot a variable, gor is current on all cas an actual expectantity self-designated self-designated self-designated self-designated self-designation was purchased prior the entity is holding capisignation was derived rivate letter rating he entity is not permitte	porting entity is certifying the followit a full credit analysis of the securontracted interest and principal pation of ultimate payment of all confections of the securities? The porting entity is certifying the following and payment of all commensurate with the NAIC If a from the credit rating assigned by the insurer and available for the share this credit rating of the light of the share this credit rating of the light of the share this credit rating of the light of the share this credit rating of the light of the li	f the NAIC Investment Analy wing elements for each self- urity does not exist or an NAI ayments. htracted interest and principa cowing elements of each self Designation reported for the y an NAIC CRP in its legal of examination by state insural PL security with the SVO.	sis Office been designated 5GI: C CRP credit ra I. designated PLC security. apacity as a NR nce regulators.	SEC	Yes [X] No [
Have all the filing ref no, list exceptions By self-designating a. Documentatisecurity is not b. Issuer or oblic. The insurer has the reporting end a. The security b. The reporting c. The NAIC Deon a current portion on a current portion of the reporting end. The reporting ends the reporting ends as the rep	quirements of the Puter of the	porting entity is certifying the followit a full credit analysis of the securon ontracted interest and principal pation of ultimate payment of all corections of the securities? The porting entity is certifying the following analysis of the securities of January 1, 2018. The porting entity is certifying the following analysis of the NAIC I from the credit rating assigned build by the insurer and available for	f the NAIC Investment Analy wing elements for each self- urity does not exist or an NAI ayments. htracted interest and principal cowing elements of each self Designation reported for the y an NAIC CRP in its legal of examination by state insural PL security with the SVO.	sis Office been designated 5GI: C CRP credit ra I. designated PLC security. apacity as a NR nce regulators.	SEC	Yes [X] No
Have all the filing re If no, list exceptions By self-designating a. Documentati security is no b. Issuer or obli c. The insurer h Has the reporting er By self-designating a. The security to b. The reporting c. The NAIC De on a current p d. The reporting Has the reporting er By assigning FE to FE fund: a. The shares w b. The reporting c. The security h January 1, 20	quirements of the Puter of the	porting entity is certifying the following a full credit analysis of the secunontracted interest and principal pation of ultimate payment of all confections of ultimate payment of all confections of unitimate payment of all confections are porting entity is certifying the following payment of all commensurate with the NAIC I of from the credit rating assigned by the insurer and available for the confection of the payment o	wing elements for each self- urity does not exist or an NAI ayments. Itracted interest and principa owing elements of each self Designation reported for the y an NAIC CRP in its legal of examination by state insural PL security with the SVO.	sis Office been designated 5GI: C CRP credit ra I. designated PLC security. apacity as a NR nce regulators. wing elements of	SEC	Yes [X] No [
Have all the filing re If no, list exceptions By self-designating a. Documentati security is no b. Issuer or obli c. The insurer h Has the reporting en By self-designating a. The security is b. The reporting c. The NAIC De on a current in d. The reporting en By assigning FE to FE fund: a. The shares w b. The reporting c. The security is January 1, 20 d. The fund only e. The current re in its legal cal	quirements of the Pu connecessary to pernot available, gor is current on all cas an actual expectantity self-designated self-designated self-designation was derived rivate letter rating he entity is not permitte thity self-designated for a Schedule BA non-rere purchased prior tentity is holding capilad a public credit ration or predominantly hoported NAIC Designacity as an NRSRO.	porting entity is certifying the following a full credit analysis of the secunontracted interest and principal pation of ultimate payment of all corticological contracted interest and principal pation of ultimate payment of all corticological securities? The porting entity is certifying the following and the properties of January 1, 2018. The properties of January 1, 2019. The properties of Janu	wing elements for each self- urity does not exist or an NAI ayments. Intracted interest and principa owing elements of each self Designation reported for the y an NAIC CRP in its legal of examination by state insurar PL security with the SVO. In gentity is certifying the follor Designation reported for the signed by an NAIC CRP in its	sis Office been designated 5GI: C CRP credit ra I. designated PLC security. apacity as a NR nce regulators. wing elements of security. s legal capacity	followed? security: ting for an FE or PL SRO which is shown of each self-designated as an NRSRO prior to	Yes [X] No [

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	84.8 %
	1.2 A&H cost containment percent	2.1 %
	1.3 A&H expense percent excluding cost containment expenses	12.2 %
2.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$	
2.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [] No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No [X]

Showing	All New	Reinsurance	Treaties -	Current	Year to Date	

Showing All New Reinsurance Treaties - Current Year to Date								
1 NAIC	2	3	5	6	7	8	9 Certified Reinsurer	10 Effective Date of Certified
Company Code	ID Number	Effective Date Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Rating (1 through 6)	Reinsurer
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Property/ Casualty Active Renefite Total CHIP Title Program Columns 2 Deposit-Type Premiums States, etc (a) Title XVIII Title XIX XXI Premiums sideratio Premiums Through 8 Contracts Alabama ΑL Alaska 3. Arizona ΑZ 4 Arkansas AR N 5. California CA N Colorado 6. CO Ν. Connecticut... СТ .N. DE .N. District of Columbia . DC 9. .N. 10. Florida 11. Georgia GΑ N. 12. Hawaii н N 13. Idaho ID .N. 14. Illinois IL N. 15. Indiana IN 16. 17. Kansas KS 18 Kentucky ΚY N 19. Louisiana LA N 20. Maine . ME N 21. Maryland MD .N.. 22. Massachusetts . MA .N. 23. Michigan ..31,364,975 .288,226,868 .654,910,575 974,502,418 24. Minnesota MN 25. Mississippi MS N. 26. Missouri MO N 27. Montana MT N. Nebraska 28. NE .N. Nevada .. NV 30. New Hampshire NH 31. New Jersey 32 New Mexico NM N. 33. New York NY N North Carolina .. 34. NC N 35. North Dakota ... ND N. 36. Ohio .. ОН .N. 37. Oklahoma OK 38 Oregon . OR 39 Pennsylvania PΑ N 40. Rhode Island RI N 41. South Carolina SC Ν. South Dakota .. 42. SD .N. ΤN N. 44. ΤX .N. 45. Utah . UT 46. Vermont VT N. 47. Virginia. VA N Washington 48. WA .N. West Virginia WV 49. N. 50. Wisconsin ... WI N 51. Wyoming 52. American Samoa AS N. 53 Guam GU N Puerto Rico. 54. PR N U.S. Virgin Islands ... VI 55. N Northern Mariana 56. MP Islands Ν. 57. Canada CAN .N... 58. Aggregate Other ОТ XXX 59. Subtotal .31,364,975 .288,226,868 654,910,575 974,502,418 XXX. Reporting Entity
Contributions for Employee 60. Benefit Plans XXX 974,502,418 288,226,868 654,910,575 61 Totals (Direct Business) XXX 31,364,975 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX 58003. XXX

above)	XXX					
a) Active Status Counts:						-
L - Licensed or Chartered - Licens	sed Insuranc	ce carrier or do	miciled RRG		1	R-
E - Eligible - Reporting entities eli	gible or app	roved to write s	surplus lines in	the state		Q-
N - None of the above - Not allow	ed to write b	usiness in the	state		56	

XXX

58998.

58999.

58003 plus 58998)(Line 58

Molina Healthcare of California 33-0342719

(HMO) CA 100% **Molina Healthcare of** Wisconsin, Inc.

20-0813104 NAIC: 12007 (HMO) WI 100%

Molina Healthcare of Florida, Inc. 26-0155137

NAIC: 13128 (HMO) FL 100% Molina Healthcare of Illinois, Inc.

27-1823188 NAIC: 14104 (HMO) 100% Molina Healthcare of Michigan, Inc. 38-3341599

NAIC: 52630 (HMO) 100% Molina Healthcare of New Mexico, Inc. 85-0408506

NAIC: 95739 (HMO) NM 100% Molina Healthcare of Ohio, Inc. 20-0750134

NAIC: 12334 (HMO) 100% OH

Molina Healthcare of Puerto Rico, Inc.

66-0817946 NAIC: 15600 (HMO PR) PR & NV 100%

Molina Healthcare of Texas, Inc.

20-1494502 NAIC: 10757 (HMO) ΤX 100% Molina Healthcare of South Carolina, Inc.

46-2992125 NAIC: 15329 (HMO) SC 100% **Molina Healthcare of** Utah, Inc.

33-0617992 NAIC: 95502 (HMO) 100% Molina Healthcare of Washington, Inc.

91-1284790 NAIC: 96270 (HMO) WA 100% Molina Healthcare of New York, Inc. 27-1603200

(MCO) 100% NY

Molina Healthcare of **Texas Insurance** Company

27-0522725 NAIC: 13778 (A&H) 100% ΤX

Molina Healthcare of Mississippi, Inc. 26-4390042

NAIC: 16301 (HMO) MS 100% **Molina Healthcare of** Kentucky, Inc.

83-3866292 NAIC: 16596 (HMO) 100%

Molina Clinical Services, LLC

81-2824030

DE 100% Oceangate Reinsurance,

<u>Inc.</u> 84-4039542 NAIC: 16808 (captive insurer) 100% **Molina Healthcare Data** Center, LLC 45-2634351

NM 100% 2028 West Broadway,

LLC 85-3111408

DE 100% **Molina Healthcare of** Indiana, Inc. 38-4187664

IN 100% Molina Healthcare of Nevada, Inc.

20-3567602 NAIC: 17064 (HMO) 100% NV

Pathways Community Corrections, LLC 62-1651095

100% DE

Molina Healthcare of Oklahoma, Inc.

81-0864563 NAIC: 17066 (HMO) 100%

Molina Healthcare of Tennessee, Inc. 84-3288805

TN 100%

Georgia, Inc. 80-0800257 NAIC: 15714 (HMO)

GΑ

Molina Healthcare of

Molina Healthcare of Louisiana, Inc. 81-4229476

LA 100% Molina Healthcare of Pennsylvania, Inc. 81-0855820

PA 100% **Molina Youth Academy**

46-5098489 non-profit corporation

CA 100%

MHAZ. Inc. 30-0876771

ΑZ 100% **Molina Healthcare of Rhode Island Holding** Company, Inc.

> 87-2979541 100%

Molina Pathways, LLC 45-2854547

DE 100%

Molina Healthcare of lowa, Inc. 38-4187674

NAIC: 17197 (HMO) 100% Molina Healthcare of Nebraska, Inc. 88-2279643

100%

NE 100% Molina Healthcare of Wisconsin CMO. Inc. 88-2992962

WI 100% **Continued on** Page 2

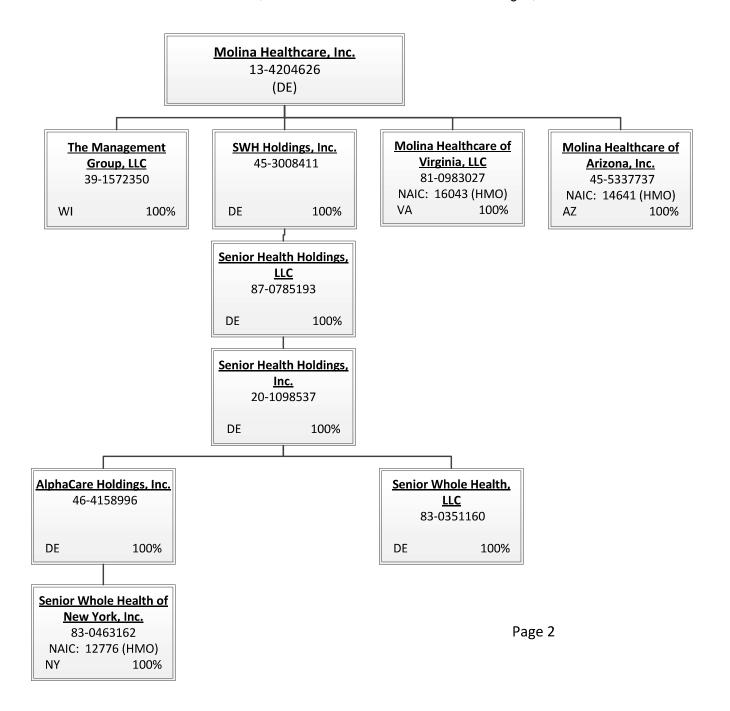
Molina Healthcare of Rhode Island. Inc. 87-2738451

NAIC: 17290 (HMO) 100%

Molina Care Connections, LLC 47-2296708

TX 100%

DE



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						A - DL I AI	L OF INSURANC	/L I	IOLL	ING COMPAIN	SISILIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-			Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
1531	Molina Healthcare, Inc.	00000	13-4204626	NOOD	1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.		-
1531	Molina Healthcare, Inc.	00000	81-2824030		1175525	NOW TOTA OTOGA Excitatingo	Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO NO	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO.	
1531	Molina Healthcare, Inc.	00000	30-0876771				MHAZ. Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO]
1531	Molina Healthcare, Inc	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL		Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc	14104	27-1823188				Molina Healthcare of Illinois, Inc	IL	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	N0	
1531	Molina Healthcare, Inc.	00000	38-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc	IA	IA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc	N0	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Owner ship.	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	00000	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	NIA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV NM	IA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506 27-1603200				Molina Healthcare of New Mexico, Inc.	NY NY	IA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of New York, Inc	NY	IA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	NO	
1531	Molina Healthcare, Inc Molina Healthcare, Inc	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	0K	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico. Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc	SC	IA	Molina Healthcare, Inc.	Owner ship.	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
	morria ricar tricaro, mo.		20 1101002				Molina Healthcare of Texas Insurance Company			mornia nour moure, mo.	omior on p.	100.000	morrida ricartificato, mo.		
1531	Molina Healthcare, Inc.	13778	27-0522725				mornia nourthouse or rosae mouranee company	TX	IA	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah. Inc.	UT	IA.	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO.	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	W1	IA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc	00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc	W1	NIA	Molina Healthcare, Inc	Owner ship	100.000	Molina Healthcare, Inc	N0	
1531	Molina Healthcare, Inc	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc	Ownership	100.000	Molina Healthcare, Inc	N0	
1531	Molina Healthcare, Inc	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Owner ship	100.000	Molina Healthcare, Inc	N0	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0	
4504	l						Molina Healthcare of Rhode Island Holding	25		l	l	400.00-	L		
1531	Molina Healthcare, Inc.	00000	87-2979541				Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Owner ship	100.000	Molina Healthcare, Inc	NO	·
4504	W 12 11 141 1	47000	07.0700454					D.		Molina Healthcare of Rhode Island Holding		400 000		NO	
1531	Molina Healthcare, Inc.	17290	87-2738451 62-1651095				Molina Healthcare of Rhode Island, Inc.	RI DE	IA	Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N0 N0	·····
1531	Molina Healthcare, Inc	00000	62-1651095 45-3008411				Pathways Community Corrections, LLC	DE	NIA NIA	Molina Healthcare, Inc	Owner ship	100.000	Molina Healthcare, Inc	N0 N0	·····
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership.	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	AZ DE	NIA	SWH Holdings. Inc.	Owner ship	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Owner ship.	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	1
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO NO	1
1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NI A	Molina Healthcare, Inc.	Owner ship.	100.000	Molina Healthcare, Inc.	NO	
	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
										Ţ					1

_		
	Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	_	Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
	Explanation:	
1.		
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
		l '	Drian Vana Fradad
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment excurse accrued atterest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		·	Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	115,554,686	164,283,793
2.	Cost of bonds and stocks acquired	25,040,668	52,201,799
3.	Accrual of discount	32,888	21,823
4.	Unrealized valuation increase (decrease)	(651,487)	31,833
5.	Total gain (loss) on disposals		1,797,208
6.	Deduct consideration for bonds and stocks disposed of	13,048,402	102,390,973
7.	Deduct amortization of premium	149,704	511,882
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		121,085
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	126,778,649	115,554,686
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	126,778,649	115,554,686

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Duin	ig the Current Quarter fo							Ti.
	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
	Beginning	During	Dispositions	During Activity	End of	End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
· ·								
BONDS								
1. NAIC 1 (a)		405,038,567	428,065,570	1,009,602	222,475,611	200,458,210		227,217,168
2. NAIC 2 (a)		4,391,010	14,890,000	, , ,	36,797,428	25,552,033		41,879,905
3. NAIC 3 (a)		25,781,089		(661,562)		25,119,527		
4. NAIC 4 (a)		353,010		(4,051)		348,959		
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	259,273,039	435,563,676	442,955,570	(402,416)	259,273,039	251,478,729		269,097,073
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	259,273,039	435,563,676	442,955,570	(402,416)	259,273,039	251,478,729		269,097,073

1	Book/Ad	iusted Carrying	Value column for the end	of the current reporting r	period includes the following	g amount of short-term and cash ed	uivalent bonds by	NAIC designation:

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
770999999 Totals	1,075,685	XXX	1,093,430		27,921

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	12,495,111	
2.	Cost of short-term investments acquired	37,079,117	16,491,578
3.	Accrual of discount	28,242	3,533
4.	Unrealized valuation increase (decrease)	(17,067)	
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	48,509,000	4,000,000
7.	Deduct amortization of premium	718	
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,075,685	12,495,111
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,075,685	12,495,111

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(Cash Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	391,027,110	248,571,529
2.	Cost of cash equivalents acquired	2,324,924,590	4,898,155,738
3.	Accrual of discount	396,314	149,883
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	2,320,462,717	4,755,850,040
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	395,885,297	391,027,110
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	395,885,297	391,027,110

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid $\bf N$ $\bf O$ $\bf N$ $\bf E$

SCHEDULE D - PART 3

			Show All	Long-Term Bonds and Stock Acquired During the Current Quarte	er				
1	2	3	4	5	6	7	8	9	10
									NAIC Designation,
									NAIC
									Designation
									Modifier
									and
								D : 1 6	SVO
CUSIP			Data		Number of			Paid for Accrued	Admini-
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Actual Cost	Par Value	Interest and Dividends	strative Symbol
00253X-AA-9	AMERICAN AIRLINES/AADVAN	n oreign	06/21/2022	DIRECT	Slock		680,000		3.B FE
013092-AF-8	ALBERTSONS COS/SAFEWAY		06/21/2022	DIRECT		293, 142	325,000	2 716	3 C FF
02005N-BF-6	ALLY FINANCIAL INC		06/21/2022	DIRECT		424,760	425,000	1,882	3.A FE
03674X-AN-6 03690A-AD-8	ANTERO RESOURCES CORP		06/21/202206/03/2022	DIRECT		236,201 139,496	220,000 140,000	7,807	3.B FE 3.C FE
03690E-AA-6	ANTERO MIDSTREAM PART/FI		06/03/2022	DIRECT				1.829	3.0 FE
03966V-AB-3	ARCONIC CORP		06/24/2022	DIRECT		217,888	220,000	1,382	3.A FE
03969A-AN-0 05352T-AA-7	ARDAGH PKG FIN/HLDGS USA AVANTOR FUNDING INC	D	06/03/2022	DIRECT		183,404	200,000	504	3.0 FE 3.0 FE
053521-AA-7 058498-AS-5	BALL CORP		06/21/2022	DIRECT		74,75754,588			3.0 FE
058498-AT-3	BALL CORP		06/21/2022	DIRECT		502,194	495,000	12,031	3.A FE
073685-AF-6	BEACON ROOFING SUPPLY IN		06/21/2022	DIRECT		137,083	145,000		3.C FE
08576P-AA-9 118230-AK-7	BERRY GLOBAL INC		06/21/2022 06/30/2022	DIRECT		151,489			3.B FE
118230-AT-8	BUCKEYE PARTNERS LP		06/21/2022	DIRECT		215,704	225,000		3.B FE
1248EP-BR-3	CCO HLDGS LLC/CAP CORP		06/27/2022	DIRECT		319,680	325,000	2,438	3.C FE
1248EP-BT-9	CCO HLDGS LLC/CAP CORP		06/21/2022	DIRECT		334,710	350,000	2,329	3.C FE
126307-AQ-0 12653C-AC-2	CNX RESOURCES CORP		06/21/2022 06/21/2022	DIRECT				2,078	3.B FE
131347-CK-0	CALPINE CORP		06/21/2022	DIRECT		212, 173	220,000	531	3.B FE
143658-BQ-4	CARNIVAL CORP	D	06/21/2022	DIRECT		181, 171	210,000		3.C FE
156700-AX-4 156700-BC-9	CENTURYLINK INC		06/21/2022 06/03/2022	DIRECT		140,882 133,422	140,000 145,000	1 004	4.C FE
16411Q-AG-6	CHENIERE ENERGY PARTNERS		06/03/2022	DIRECT		24,066	25,000		3.6 FE
16411R-AK-5	CHENIERE ENERGY INC		06/21/2022	DIRECT		74,864		648	3.C FE
165167-DF-1184496-AN-7	CHESAPEAKE ESCROW ISSUER		06/21/2022 06/24/2022	DIRECT			270,000 .70,000	5,576	3.C FE
18538R-AH-6	CLEARWATER PAPER CORP		06/24/2022	DIRECT				2.955	3.C FE
18539U-AC-9	CLEARWAY ENERGY OP LLC		06/21/2022	DIRECT		148,429	160,000	1,953	3.B FE
185899-AG-6	CLEVELAND-CLIFFS INC		06/21/2022	DIRECT		323,311	315,000	5,473	3.B FE
19240C-AC-7 22819K-AB-6	COGENT COMMUNICATIONS GR CROWN AMER/CAP CORP V		06/21/2022 06/21/2022	DIRECT				834	3.C FE
23311V-AG-2	DCP MIDSTREAM OPERATING		06/21/2022	DIRECT		288,242	290,000	6,614	3.A FE
23311V-AJ-6	DCP MIDSTREAM OPERATING		06/21/2022	DIRECT		118,274		2,863	3.A FE
237266-AH-4 247361-ZU-5	DARLING INGREDIENTS INC DELTA AIR LINES INC		06/21/2022 06/21/2022	DIRECT		240,468 380,901	245,000 405,000	2,243 1 61 <i>1</i>	3.C FE
25461L-AA-0	DIRECTY HOLDINGS/FING		06/03/2022	DIRECT			30,000	548	3.C FE
26885B-AB-6	EQM MIDSTREAM PARTNERS L		06/21/2022	DIRECT		453,551	505,000	1,026	3.C FE
29260F-AF-7 29336U-AB-3	ENDEAVOR ENERGY RESOURCE		06/21/2022 06/21/2022	DIRECT DIRECT			300,000 300,000	8,723	3.B FE
303250-AE-4	FAIR ISAAC CORP		06/21/2022	DIRECT	•	295,345			3.B FE
337932-AH-0	FIRSTENERGY CORP		06/21/2022	DIRECT		158,085	165,000	3,079	3.B FE
345397-B7-7	FORD MOTOR CREDIT CO LLC		06/03/2022	DIRECT		247,690	275,000	2,413	3.B FE
345397-B8-5 359694-AB-2	FORD MOTOR CREDIT CO LLC		06/21/2022 06/21/2022	DIRECT				5,624 2 116	3.B FE
38869P-AM-6	GRAPHIC PACKAGING INTERN		06/21/2022	DIRECT		220,526			3.B FE
410345-AJ-1	HANESBRANDS INC		06/21/2022	DIRECT		237,029	240,000	1,007	3.C FE
428102-AC-1 428291-AM-0	HESS MIDSTREAM OPERATION		06/21/2022 06/03/2022	DIRECT			280,000 30,000	5,363	3.B FE
431318-AS-3	HILCORP ENERGY I/HILCORP		06/21/2022	DIRECT		207,162	210,000	1.701	3.0 FE
432833-AG-6	HILTON DOMESTIC OPERATIN		06/21/2022	DIRECT		149,665	150,000	1,045	3.B FE
436440-AM-3 443201-AA-6	HOLOGIC INC		06/03/2022	DIRECT DIRECT		49,381		809	3.B FE
443201-AA-6	HOWET AEROSPACE INC		06/21/2022	DIRECT			420,000	3,743 3,333	3.A FE
45031U-CF-6	ISTAR INC		06/21/2022	DIRECT		176,030	180,000	1,705	3.C FE
451102-BT-3	ICAHN ENTERPRISES/FIN		06/21/2022	DIRECT		165,675	170,000	969	3.C FE
451102-BW-6	ICAHN ENTERPRISES/FIN		06/21/2022	DIRECT		388,879	405,000	5,026	3.C FE

SCHEDULE D - PART 3

			Show All	ong-Term Bonds and Stock Acquired During the Current Quarte	er			Show All Long-Term Bonds and Stock Acquired During the Current Quarter												
1	2	3	4	5	6	7	8	9	10											
									NAIC											
									Designation,											
									NAIC											
									Designation											
									Modifier											
									and											
									SVO											
					Number of			Paid for Accrued	Admini-											
CUSIP			Date		Shares of			Interest and	strative											
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol											
460599-AC-7	INTERNATIONAL GAME TECH	D	06/21/2022	DIRECT	0.00		400,000		3.B FE											
46284V-AC-5	IRON MOUNTAIN INC		06/21/2022	DIRECT		191,912	205,000	2 569	3 C FF											
48250N-AC-9	KFC HLD/PIZZA HUT/TACO		06/21/2022	DIRECT		53,382	55,000	117	3.B FE											
501797-AU-8	L BRANDS INC		06/21/2022	DIRECT		215,259	205,000	8,891	3.B FE											
527298-BH-5	LEVEL 3 FINANCING INC		06/03/2022	DIRECT		64,840	65,000	932	3.C FE											
55342U-AG-9	MPT OPER PARTNERSP/FINL		06/21/2022	DIRECT		228,813	235,000	4,680	3.A FE											
	MARRIOTT OWNERSHIP RESORTS MATCH GROUP HLD II LLC		06/21/2022	DIRECT DIRECT					3.A FE											
	MATTEL INC		06/03/2022	DIRECT			290,000		3.6 FE											
59001A-AY-8	MERITAGE HOMES CORP		06/21/2022	DIRECT				2,072 365	3.A FE											
	MOOG INC		06/21/2022	DIRECT			150,000	1.110	3.C FE											
626717-AJ-1	MURPHY OIL CORP		06/21/2022	DIRECT		215,821	215,000	4,204	3.B FE											
626738-AD-0	MURPHY OIL USA INC		06/03/2022	DIRECT		65,822	65,000	366	3.B FE											
	NRG ENERGY INC		06/21/2022	DIRECT		99,325	100,000		3.B FE											
	NRG ENERGY INC		06/03/2022	DIRECT		94,853	95,000	2, 155	3.B FE											
	NAVIENT CORP		06/21/2022	DIRECT		134,696 25,151		2,393	3.C FE											
	NEW FORTRESS ENERGY INC		06/03/2022	DIRECT				1 230	3.C FE											
	NEWELL BRANDS INC		06/21/2022	DIRECT		446,309	465,000	4,397	3.C FE											
65342Q-AL-6	NEXTERA ENERGY OPERATING		06/21/2022	DIRECT		370,224	395,000	2,667	3.B FE											
	NUSTAR LOGISTICS LP		06/21/2022	DIRECT		219,934	225,000	2,755	3.C FE											
674599-DY-8	OCCIDENTAL PETROLEUM COR		06/21/2022	DIRECT		419, 180	390,000	13, 160	3.A FE											
	OCCIDENTAL PETROLEUM COR		06/21/2022	DIRECT		185, 194	165,000	5,853	3.A FE											
	OLIN CORP PG&E CORP		06/21/2022	DIRECT				1,351	3.A FE											
	PERRIGO FINANCE UNLIMITE	n	06/21/2022	DIRECT			200,000	3,381 2,382	3.0 FE											
	PRIME SECSRVC BRW/FINANC	D	06/21/2022	DIRECT		290,123	295,000	5.273	3.C FE											
	ROCKETMTGE CO-ISSUER INC		06/03/2022	DIRECT			30,000	125	3.A FE											
	NAVIENT LLC		06/21/2022	DIRECT		225,934	230,000	3,117	3.C FE											
78454L-AL-4	SM ENERGY CO		06/21/2022	DIRECT		72,109	75,000	258	4.C FE											
81211K-AX-8 81725W-AG-8	SEALED AIR CORP SENSATA TECHNOLOGIES BV		06/21/2022 06/21/2022	DIRECT		96,500	95,000 220,000	1,337	3.0 FE											
	SERIUS XM RADIO INC	υ	06/21/2022	DIRECT		219,477 202,922			3.0 FE											
	SOUTHWESTERN ENERGY CO		06/21/2022	DIRECT				2,083 4 428	3.B FE											
	SPIRIT LOYALTY KY LTD/IP	D	06/21/2022	DIRECT			255,000		3.B FE											
85172F-AF-6	ONEMAIN FINANCE CORP		06/21/2022	DIRECT		80,620	80,000	1,503	3.B FE											
85172F-AM-1	SPRINGLEAF FINANCE CORP		06/03/2022	DIRECT		50,688	50,000	783	3.B FE											
85172F-AP-4	SPRINGLEAF FINANCE CORP		06/21/2022	DIRECT		400,613	405,000	6,290	3.B FE											
	SPRINT CORP		06/21/2022	DIRECT		760,829	720,000		3.B FE											
85571B-AS-4 85571B-AW-5	STARINOOD PROPERTY TRUST		06/21/2022 06/21/2022	DIRECT			290,000 135,000	2,0/2 2,0/2	3.C FE											
	STERICYCLE INC		06/21/2022	DIRECT		125,814	170,000		3.0 FE											
	SUMMIT MATERIALS LLC/FIN		06/21/2022	DIRECT		54,396	55,000	915	3.C FE											
86765L-AQ-0	SUNOCO LP/FINANCE CORP		06/21/2022	DIRECT			135,000	1,397	3.C FE											
871503-AU-2	SYMANTEC CORP		06/21/2022	DIRECT		158,440	160,000	1,511	3.C FE											
87264A-BU-8	T-MOBILE USA INC		06/21/2022	DIRECT		508,099	555,000	2,577	3.B FE											
87470L-AH-4	TALLGRASS NRG PRTNR/FIN		06/21/2022	DIRECT		184, 140			3.C FE											
879369-AF-3 88033G-CY-4	TELEFLEX INC		06/03/2022 06/21/2022	DIRECT			50,000 430,000		3.C FE											
88104L-AE-3	TERRAFORM POWER OPERATIN		06/21/2022	DIRECT				3,712	3.0 FE											
90932L-AG-2	UNITED AIRLINES INC		06/21/2022	DIRECT			315,000	2 399	3.0 FE											
911365-BF-0	UNITED RENTALS NORTH AM		06/21/2022	DIRECT		184,665	185,000	3,471	3.B FE											
91337C-AA-4	UNIVAR SOLUTIONS USA INC		06/21/2022	DIRECT		144,861	150,000	356	3.B FE											
	VALEANT PHARMACEUTICALS	A	06/21/2022	DIRECT		269,315	295,000	2,099	3.C FE											
	VISTRA OPERATIONS CO LLC		06/21/2022	DIRECT		225,236	235,000	4,021	3.B FE											
	VISTRA OPERATIONS CO LLC		06/03/2022	DIRECT		149,444		2,625	3.B FE											
95081Q-AN-4	WESCO DISTRIBUTION INC		06/21/2022	DIRECT	ļ	267,637	265,000	420	3.C FE											

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			0110117111	tong form Bondo and Otook Required Baring the Carront Quarte					
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
958254-AE-4	WESTERN MIDSTREAM OPERAT		06/21/2022	DIRECT			360,000		3.A FE
96926J-AC-1	. WILLIAM CARTER		06/21/2022	DIRECT			60,000	869	3.B FE
98310W-AS-7	WYNDHAM DESTINATIONS INC		06/21/2022	DIRECT		422,415	425,000		3.C FE
	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					25,040,668	25,700,000	341,887	
2509999997.	Total - Bonds - Part 3					25,040,668	25,700,000	341,887	XXX
2509999998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999.	Total - Bonds					25,040,668	25,700,000	341,887	XXX
4509999997.	Total - Preferred Stocks - Part 3						XXX		XXX
4509999998.	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
45099999999.	Total - Preferred Stocks						XXX		XXX
5989999997.	Total - Common Stocks - Part 3						XXX		XXX
5989999998.	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
	Total - Common Stocks						XXX		XXX
5999999999.	Total - Preferred and Common Stocks		·				XXX		XXX
6009999999 -	Totals					25,040,668	XXX	341,887	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

					Show All Lo	ng-renn bo	nus anu sio	ck Sola, Red	leerned or C	Juliel Wise L	Jisposea (ט טווווטט ונ	ie Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in		Foreign			Stock	Stated	and
									Book/	Linroglizad					Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of					Unrealized	Year's	Temporary	Carrying	Book	Value at	Gain	Gain	Total Gain	Received		Admini-
		Far	Dianagal	Nama		Canaid		Astual	Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted						tractual	
Ident-		For-	Disposal	Name	Shares of	Consid-	Dan Value	Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification		eign		of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	FANNIE MAE 13 12A		06/01/2022 .	MBS PAYDOWN		41,981	41,981 38,514	41,810 40,455	41,945 38,606		35		35		41,981 38,514				301 550	11/25/2041 05/01/2042	1.A FE 1.A FE
	UMBS - POOL AL9405		06/01/2022 .	MBS PAYDOWN		60,674	60,674	63,809			(32)		(276)		60,674				856		1.A FE
	UMBS - POOL BM4852		06/01/2022 .	MBS PAYDOWN		41, 191	41, 191	43,798	41,358		(167)		(167)		41, 191					07/01/2044	1.A FE
	UMBS - POOL BM5081		06/01/2022	MBS PAYDOWN		28,758	28,758	31,215	29,046		(289)		(289)		28,758					11/01/2048	1.A FE
31410L-WR-9	UMBS - POOL 890856		06/01/2022 .	MBS PAYDOWN		65,939	65,939	69,303			(194)		(194)							01/01/2047	1.A FE
	OREGON ST BUSINESS DEV COMMISS		06/01/2022	SECURITY CALLED AT		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				1,730		1.D FE
	PORT GRAYS HARBOR WA INDL DEV		06/01/2022 .	SECURITY CALLED AT		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				1,728		1.D FE
	99. Subtotal - Bonds - U.S. Special Re	venu				2,277,057	2,277,057	2,290,390	2,278,039		(983)		(983)		2,277,057				7, 187	XXX	XXX
	ALLY AUTO RECEIVABLES TRUST 19-4 A3		06/15/2022 .			139,952	139,952	139,928	139,896		56		56		139,952				1,060		1.A FE
	BANK OF THE WEST AUTO TRUST 19-1 A3		06/15/2022	MBS PAYDOWN		179,416	179,416	179,405	179,374		42		42		179,416				1,796	04/15/2024	1.A FE
	ELARA HGV TIMESHARE ISSUER 21-A A		06/25/202206/15/2022	MBS PAYDOWN		30,461 203,675	30,461	30,454 203,663	30,435		26		26		30,461						1.A FE 1.A FE
	VERIZON OWNER TRUST 19-C A1A		06/20/2022	MBS PAYDOWN			203,678	203,663	203,592		85 167				357.007				2,853	04/22/2024	1.A FE
	99. Subtotal - Bonds - Industrial and M	المرعاا				910.511	910.514	910.430	910.137		376		376		910.514				7.486	XXX	XXX
	97. Total - Bonds - Part 4	ioccii	ancous (On	annatou)		3, 187, 568	3,187,571	3,200,820	3, 188, 176		(607)		(607)		3,187,571				14,673	XXX	XXX
	98. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Bonds					3.187.568	3,187,571	3,200,820	3, 188, 176	7001	(607)		(607)	7001	3.187.571	7001	7001	7001	14,673	XXX	XXX
	97. Total - Preferred Stocks - Part 4					2,121,022	XXX	2,222,222	2,1-2,11-		(11.)		(,		2,121,011				,	XXX	XXX
450999999	98. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
450999999	99. Total - Preferred Stocks						XXX													XXX	XXX
598999999	97. Total - Common Stocks - Part 4						XXX													XXX	XXX
598999999	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks						XXX													XXX	XXX
	99. Total - Preferred and Common Sto	cks					XXX													XXX	XXX
600999999	99 - Totals					3, 187, 568	XXX	3,200,820	3, 188, 176		(607)		(607)		3,187,571				14,673	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

			· · · · · · · · · · · · · · · · · · ·					
1	2	3	4	5		lance at End of Eacuring Current Quart		9
			Amount of	Amount of	6	7	8	
			Interest Received	Interest Accrued				
		Rate of	During Current	at Current				*
Depository		Interest		Statement Date	First Month	Second Month	Third Month	
US Bank Saint Paul, MN		0.000			(2, 106, 827)	(1,778,378)	(1,857,805)	XXX
US Bank Saint Paul, MN		0.000			182,546	148,560	133,911	XXX
JP Morgan Chase Columbus, OH						3,249,087		XXX
JP Morgan Chase Columbus, OH					5,225,124	2,901,338	4 , 598 , 478	XXX
JP Morgan Chase Columbus, OH					(5,350) (4,671) (5,5			
US Bank Saint Paul, MN					(16,610,040)	(31,273,685)	(19,740,602)	XXX
SUNTRUST BK MMF Nashville, TN		0.000	398		336,477	336,608	336,815	XXX
US BANK MONEY MARKET FUND Saint Paul, MN		0.000	3,666		43,669,025	169,877	169,950	XXX
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	4,064		34, 167, 222	(26,251,264)	(13,569,102)	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX							XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX	4,064		34,167,222	(26,251,264)	(13,569,102)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
								ļ
								ļ
0599999. Total - Cash	XXX	XXX	4,064		34,168,222	(26,250,264)	(13,568,102)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

	Shov	v Investments Ow	ned End of Curren	t Quarter				
1	2	3	4	5	6	7	8	9
						Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
	Total - U.S. Government Bonds	0000	_ = = = = = = = = = = = = = = = = = = =			o and jung to the		
0103333333.	Total Separation of the Total		05/05/2022	1.082	07/05/2022	2,024,757		3,463
	OFFICAL INC.		05/04/2022	1.324	07/26/2022	3,262,007		6.944
021000000	Subtotal - Bonds - All Other Governments - Issuer Obligations		33/ 04/ 2022	1.024	01/20/2022	5.286.764		10.407
						-, ,		· '
	Total - All Other Government Bonds					5,286,764		10,407
	Total - U.S. States, Territories and Possessions Bonds							
0709999999.	Total - U.S. Political Subdivisions Bonds							
	FEDERAL HOME LOAN BANK		06/01/2022	0.961	07/27/2022	.13,015,969		10.420
081999999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					13.015.969		10.420
	Total - U.S. Special Revenues Bonds					-, -,		
0909999999.						13,015,969		10,420
	ATLANTIC ASSET SECURITIZATION LLC		04/11/2022	0.972	07/08/2022	1,019,808		2,226
	GLENCOVE FUNDING LLC		04/11/2022	1.002	07/08/2022	4,999,028		11,250
	GOTHAM FUNDING CORP		04/06/2022	0.952	07/05/2022			11,381
	LIBERTY STREET FUNDING LLC		04/04/2022	0.982	07/01/2022	2,000,000		4,791
	SALISBUPY RECEIVABLES CO LLC		04/04/2022	1.002	07/01/2022			
	LVMH MOET HENNESSY VUITT		04/12/2022	0.962	07/12/2022			4,277
	PACIFIC LIFE SHORT TERM		05/26/2022	1.415	08/22/2022			
	NATIONAL BANK OF CANADA		05/27/2022	1.172	07/25/2022			3,896
	AT&T INC.		06/01/2022	1.413	07/25/2022			2,350
	BANCO SANTANDER SA		06/01/2022	1.626	08/25/2022	1,995,050		2,700
	NATIONAL SECURITIES CLEARING CORP		06/01/2022	0.556	07/22/2022	4,996,763		4,625
	METLIFE SHORT TERM FUNDING		05/17/2022	1.254	08/16/2022	4,008,587		6,273
	MACQUARIE BANK LTD		05/25/2022	1.475	08/16/2022			8,152
	NORDEA BANK ABP		05/18/2022	1.455	08/16/2022	4,511,625		8,010
	ABN AMRO BANK NV		05/25/2022	1.475	08/19/2022	1,851,288		2,803
	FAIRWAY FINANCE CO LLC		05/25/2022	1.354	08/15/2022	1,996,625		2,775
	METLIFE SHORT TERM FUNDING LLC		05/25/2022	1.274	08/22/2022			1,305
	MACKINAC FINANCIAL CORP		05/03/2022	1.233	07/20/2022	4,996,754		10,079
	ST ENGINEERING LTD		05/02/2022	1.143	07/21/2022	671,574		1,277
	SWEDBANK AB		05/02/2022	1.062	07/05/2022			6,802
	BARTON CAPITAL CORP			1.193	07/18/2022	1,319,258		2,269
	ERSTE ABWICKLUNGSANSTALT		05/12/2022	1.102	07/15/2022	1,599,316		2,444
	ERSTE ABWICKLUNGSANSTALT		05/13/2022	1.213	07/26/2022			5,781
	DZ BANK AG DEUTSCHE ZENTRAL-GENOSS	I	04/25/2022	1.163	07/20/2022	5, 136, 853		11,097
	LMA AMERICAS LLC	I	05/03/2022	1.223	07/20/2022	4,047,392		8,369
	JOHN DEERE CANADA		04/26/2022	0.952	07/08/2022	2,999,446		5,225
	AUSTRALIA & NEW ZEALAND BANKING GR		05/02/2022	1.234	07/28/2022	3,996,310		8,200
	BANCO SANTANDER SA		05/05/2022	1, 122	07/05/2022	2,999,627		5,320
	FEDERATION DES CAISSES DESJARDINS		05/06/2022	1.223	07/20/2022	2,863,155		5,437
	LVWH MOET HENNESSY LOUIS VUITTON I		04/14/2022	0.952	07/08/2022	2,759,490		5,681
	BARTON CAPITAL SA		04/18/2022	1.002	07/06/2022	1,759,756		3,618
	FIRST ABU DHAB I BANK PUSC		04/18/2022	0.801	07/06/2022	4,999,444		8,222
	UNILEVER FINANCE NETHERLANDS BY		04/18/2022	0.952	07/01/2022	1,300,000		2,539
	MONT BLANC CAPITAL CORP		04/28/2022	1.088	07/19/2022	4,502,557		
	NIEUW AUSTERDAM RECEI VABLES		04/20/2022	0.992	07/08/2022	4,182,195		8,167
101000000	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations		04/20/2022	9.002	0770072022			
						110,318,424		199,402
	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					110,318,424		199,402
1309999999.	Total - Hybrid Securities							
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds							
	Subtotal - Unaffiliated Bank Loans							†
								<u> </u>
	Total - Issuer Obligations					128,621,157		220,229
2429999999.	Total - Residential Mortgage-Backed Securities							
	Total - Commercial Mortgage-Backed Securities							
	Total - Other Loan-Backed and Structured Securities					+		†
								1
	Total - SVO Identified Funds							1
24699999999.	Total - Affiliated Bank Loans							
	Total - Unaffiliated Bank Loans							
250999999999999999999999999999999999999						100 004 157		000 000
			00/10/			128,621,157	¥	220,229
09248U-70-0	BLACKROCK LIQ FDS FED FUND-IN		06/13/2022	0.000		72,710,105	70,733	855
25160K-20-7	DWS GOVT MMKT SER-INST		04/19/2022	0.000				363
31846V-20-3	FIRST AMERICAN GOV OBLIG - Y	SD	06/13/2022	0.000		1,055,186		260

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
						Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		06/13/2022	0.000		34,578,905	30,350	
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT-FS		06/13/2022	0.000		15 , 135		
40428X-10-7	HSBC US GOVT MMKT-I		04/19/2022	0.000				5,497
481200-67-0	JPMORGAN U.S. GOVT MONEY MARKET		06/13/2022	0.000			46,813	
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		04/19/2022	0.000				
61747C-70-7	MSILF GOVERNMENT PORT-INST			0.000		41,033,605		988
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		04/19/2022	0.000				265
857492-57-3	STATE ST INST US GOV MM-INST		06/13/2022	0.000			52,658	
857492-70-6	STATE STATE INST US GOV MMF - PREM		04/19/2022	0.000				4,083
949921-12-6	ALLSPRING GOVT MONEY MARKET FD - SELECT		04/19/2022	0.000				
8309999999. S	ubtotal - All Other Money Market Mutual Funds					267, 264, 140	236,337	12,311
8609999999 - 7	Fotal Cash Equivalents					395,885,297	236,337	232,540